

STATE OF NEVADA

INFORMATION UPDATE &/or ADDITIONAL REMITTANCE



Mail or fax to:
STATE CONTROLLER'S OFFICE
 555 E WASHINGTON AVE STE 4300
 LAS VEGAS NV 89101-1071
PHONE: 702/486-3810 or 702/486-3856
FAX: 702/486-3813

Asterisked () sections are mandatory and require completion.*

1. *NAME/TAXPAYER IDENTIFICATION NUMBER For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name		Doing Business As (DBA)	
SSN/EIN <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN)		Federal Taxpayer Identification Number (TIN) New TIN? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide previous TIN & effective date. Previous TIN: _____ Date: _____ <i>If yes, submit this form <u>and</u> new Registration or IRS Form W-9.</i>	

2. *ADDRESS/CONTACT INFORMATION

Address A – <input type="checkbox"/> New address (Complete section below only.) <input type="checkbox"/> Change address (Complete this section and the one at the right.) Is this a US Post Office deliverable address? <input type="checkbox"/> Yes <input type="checkbox"/> No				Previous information.	
Address				Address	
Address				Address	
City	State	Zip Code	City	State	Zip Code
E-mail Address				E-mail Address	
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contact				Primary Contact	

Address B – <input type="checkbox"/> New address (Complete section below only.) <input type="checkbox"/> Change address (Complete this section and the one at the right.) Is this a US Post Office deliverable address? <input type="checkbox"/> Yes <input type="checkbox"/> No				Previous information.	
Address				Address	
Address				Address	
City	State	Zip Code	City	State	Zip Code
E-mail Address				E-mail Address	
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contact				Primary Contact	

3. ELECTRONIC FUNDS TRANSFER PREFERENCE

Do you want payments to be directly deposited into your bank account?
☐ Yes – Complete the following information **and** provide a copy of a voided imprinted check for the account. If there are no checks for the account, restate the bank information on letterhead. **A deposit slip will not be accepted.** For a savings account, provide a signed letter with the bank information. Information on this form and the support documentation must match. Allow 10 working days for activation.
☐ No - Go directly to section 4 – **Signature.**

The information is for address <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Both			
Bank Name	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Select only one: Send Direct Deposit Remittance Advices by <input type="checkbox"/> US mail <input type="checkbox"/> E-mail to	
Transit Routing Number	Bank Account Number	<i>E-mail address must be 30 characters or less.</i>	

4. *SIGNATURE

Signature of the individual when using a SSN or of an authorized representative of the business when using an EIN.

Signature	Print Name & Title of Person Signing Form	Date
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FOR CONTROLLER'S OFFICE USE ONLY		Name of State agency contact & phone number:
Entered By	Date	Comments

Information Update &/or Additional Remittance Instructions

General Instructions:

1. This form is to provide updated information and/or additional remittance addresses for previously established payees of the State of Nevada.
2. Type or legibly print all information except for signature.
3. Asterisked (*) sections or items are mandatory and require completion. Sections or items without an asterisk are optional.

Specific Information:

1. *NAME/TAXPAYER IDENTIFICATION NUMBER

- a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.
- b. Proprietorship – Enter the proprietor's name in the first box and the business name (DBA) in the second box.
- c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) provided.
- d. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS.
Per the IRS, use the owner's social security number for a proprietorship.

2. *ADDRESS/CONTACT INFORMATION

- a. Address A
Address – Provide additional remittance address in the left section. If this is a change of address, complete both sections with the current information in the left section and the previous information in right section.
E-mail – Provide complete e-mail address when available.
Telephone Number – Include area code.
Fax Number – Include area code.
Primary Contact – Person (and phone number or extension) to be contacted for payment-related questions or issues.
- b. Address B – Provide another additional remittance address and related information when appropriate.

3. ELECTRONIC FUNDS TRANSFER PREFERENCE

Electronic Funds Transfer (EFT) is optional. However, it is the preferred method of payment to all payees of the State of Nevada. Provide a copy of a voided imprinted check or restate bank information on letterhead. ***A deposit slip will not be accepted.***

- a. *Bank Name – The name of the bank where account is held.
- b. *Bank Account Type – Indicate whether the account is checking or savings.
- c. *Transit Routing Number – Enter the 9-digit Transit Routing Number.
- d. *Bank Account Number – Enter bank account number.
- e. *Direct Deposit Remittance Advice – Select the preferred method for receiving remittance advices. E-mail address must be 30 characters or less. Companies should provide an address that will not change, i.e. accounting@business.com.

4. *SIGNATURE

- a. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.
- b. Print the name and title, when applicable, of the person signing the form.
- c. Enter the date the form was signed. Forms over three years old will not be processed.

Do not complete any remaining areas. They are for State of Nevada use only.

Mail or Fax signed form to:

NEVADA STATE CONTROLLER'S OFFICE
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Fax: 702/486-3813

Sending to any other location will delay processing.

**Questions can be directed to 702/486-3810 or 702/486-3856
or e-mailed to vendordesk@controller.state.nv.us.**